

## ALL PARTY PARLIAMENTARY GROUP INQUIRY ON HOUSING FOR THOSE LIVING WITH DEMENTIA

### Submission of Written Evidence

#### About the Royal College of Occupational Therapists

The Royal College of Occupational Therapists (RCOT) is pleased to provide a response to this inquiry. RCOT is the professional body for occupational therapists and represents over 33,000 occupational therapists, support workers and students from across the United Kingdom. Occupational therapists work in the NHS, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services. Occupational therapists are regulated by the Health and Care Professions Council (HCPC), and work with people of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties. Further information about occupational therapy can be found [here](#).

RCOT has a number of special interest groups run by members with expertise in specific areas of occupational therapy practice, including a Specialist Section for Housing (RCOTSSH), a Specialist Section for Older People (RCOTSSOP) and a clinical forum for dementia. This submission was written with input from a member of the RCOTSSH executive committee who has specialism in the built environment and dementia-friendly design.

#### The links between housing, health and social care to improve the journey of people affected by dementia

The Group will be aware of the increasingly robust evidence base demonstrating the devastating effect of poor and inaccessible housing on people's health, wellbeing and access to services – much of which can be found via the Housing LIN resources webpages.

The impact of cold, damp, disrepair, falls, loneliness and isolation are shown to have the highest impact and subsequent costs to the public sector, and these risk factors are known to be higher in people with dementia. The annual incidence of falls in older people with dementia is around twice that experienced by cognitively intact older people, and the highest proportion of hospital admissions for people with dementia occur where the individual has had a fall. People with dementia who fall are around five times more likely to be institutionalised than those who do not fall (RCOT, 2020).

Occupational therapists are integral members of effective falls prevention services (NICE, 2015) and work with people with dementia who are at risk of falling to identify and address hazards within the home. Occupational therapy interventions that address the home environment can have a significant impact in reducing falls and have also been

found to be cost effective (RCOT, 2020). Provision of falls prevention services is currently patchy nationally, and more needs to be done to encourage system wide commissioning, as outlined in the *Falls and fracture consensus statement: Supporting commissioning for prevention* (PHE, 2017).

Occupational therapists based in primary care settings can respond quickly to newly identified needs and apply preventative interventions which reduce environmental risks for people with dementia, as well as relieving pressure upon their care givers (RCOT, 2017). Occupational therapists have recently been added to the NHS England Role Reimbursement Scheme, allowing Primary Care Networks to employ greater numbers of occupational therapists and reduce demands upon GPs. Further investment in occupational therapists in primary care and falls prevention roles will offer greater and more responsive support to individuals affected by dementia.

Unsuitable housing can isolate people with dementia, preventing them from accessing the community and creating barriers to maintaining an independent and active life. People affected by dementia cite having access to communities and amenities as vital in alleviating isolation and loneliness (Alzheimer's Society, 2017). By recommending adaptations that make homes more accessible, occupational therapists enable people with dementia to retain independence and remain connected with their communities, family, friends and care givers.

Local authorities typically take a very reactive approach to people's housing needs, meaning that a person's home will often already have become unsuitable for them before action is taken to modify the home environment e.g. through use of a Disabled Facilities Grant, or to enable a person to move to more suitable accommodation. This delayed approach can result in unnecessary illness and distress and a loss of independence and wellbeing, increasing demand upon health and social care services. Occupational therapists should be empowered, through service commissioning and design, to have early conversations with people affected by dementia that allow them to consider and address their long-term housing needs whilst they are still cognitively able to do so. Innovative practice by local authorities such as provision of 'Dementia Dwelling Grants' can provide timely access to funding for simple adaptations that empower people with dementia, support cognitive resilience and reduce risks around health and wellbeing that may prove costly to address in future (Alzheimer's Society, 2017).

Dementia is more prevalent in some populations and communities who are known to be most affected by health inequalities. There are higher rates of dementia in some BAME communities, and there may be barriers to accessing support for some individuals (SCIE, 2015). It is known that people with learning disabilities are affected by dementia at a much younger age than the general population (Public Health England). When seeking to address the housing needs of people affected by dementia, steps must be taken to prioritise the eradication of health inequalities for those populations and communities who are disproportionately affected by dementia. This should be done by engaging with communities directly to understand their specific needs and preferences, in order to identify services and approaches that will best support them.

Approximately one in five people with dementia are affected by at least one other long-term health condition (NIHR, 2016). It is important to apply a holistic approach when considering the housing needs of people affected by dementia and to identify housing solutions that support all of their health and wellbeing needs. Occupational therapists are experts in complexity and, by adopting an occupation-focused approach, are able to work with people with multiple conditions to identify interventions and solutions that best meet their individual needs (RCOT, 2018). Occupational therapy expertise should be employed by local authorities and integrated care systems when supporting people with dementia to make decisions about housing and adaptations.

### **The design of new homes**

There is a range of well-researched guidance on design principles for dementia-friendly homes and, as above, this can be found on the Housing LIN website. However, there is very little understanding of dementia-friendly design in the wider planning, construction and housing industry, and no mandated requirements for dementia-friendly design features to be incorporated into the design and build of new homes.

The anticipated review of Part M4 of the building regulations is welcomed and RCOT, alongside members of the HoME coalition, strongly recommend that category 2 of the existing AD M4 regulation be made mandatory for all new housing (HoME, 2019). This will increase the supply of adaptable housing in the country and will address some of the physical accessibility challenges experienced by people affected by dementia.

It is important to note that physical access is only one aspect of the environmental challenges experienced by people with dementia. The current building regulations do not adequately consider cognitive and sensory needs, which are known to be common and disabling for those with dementia. More needs to be done to embed fully inclusive design principles into new build homes, by better incorporating design guidance that addresses cognitive, sensory and psychological needs into the building regulations, and making adherence to these design standards mandatory. This will not just support those with dementia but will benefit the whole population, especially those with enduring health needs and older people, and has the potential to reduce the risk of injury, reduce demand on health and social care and reduce costs associated with major adaptations (Housing and Ageing Alliance, 2013)

### **Ways to increase supply of specialist dementia-friendly properties**

If all new homes are built to be adaptable, as recommended above, less 'specialist' properties will be needed, as it will be possible to modify people's existing homes cheaply and easily to accommodate their developing needs. Many people with dementia wish to remain in their own home, and it is known that being in a familiar environment can enable people with dementia to remain independent for longer (Evans et al, 2019). Given the ageing population, expected increase in numbers of people affected by dementia, and current lack of purpose-built dementia-friendly accommodation, there are significant benefits to enabling people to remain in their own homes for as long as possible.

It is important that people affected by dementia are given choice about where they live and the type of accommodation that is most suitable for their particular needs and preferences. This includes purpose-built, specialist dementia-friendly properties, but thought should also be given to making other settings, such as sheltered and extra-care housing schemes and residential care homes more dementia friendly. Housing LIN have developed guidance for inclusive design within extra care housing (Housing LIN, 2020) and Innovations in Dementia have produced a practical checklist of suggestions to make buildings more accessible to people with dementia (Innovations in Dementia, 2015). Providers of sheltered, extra care and residential care homes should be encouraged to carry out audits of their premises and make adjustments to increase accessibility to those with dementia. Staff in specialised housing settings should also be provided with appropriate training to support people with dementia to live well. Good examples of best practice in this area have been published by Housing LIN (2019).

Where specialist dementia-friendly properties are being designed, local authority planning departments should ensure that appropriate design guidance is being applied by architects and developers throughout the planning and construction process, as part of the planning conditions. Housing occupational therapists have expertise in plan-checking and site visits to assess accessibility, and their input should be sought wherever possible. Care should be taken to ensure that properties are sited in appropriate locations that facilitate connection with local communities and amenities and permit easy access for visitors (Halsall and MacDonald, 2015).

### **Changes and adaptations to existing properties to enable people to live well with dementia at home**

At present there are a number of barriers to the timely completion of adaptations. As noted earlier, this can be due to the reactive nature of many statutory services, but there are also challenges around encouraging landlords to agree to adaptations, and a general lack of awareness amongst the public around the benefits that adaptations can have.

The recent RCOT publication Adaptations Without Delay (2019) is intended to address delays in the delivery of home adaptations and promote cross-agency collaboration by defining levels of complexity. It presents a new framework, based on the Balanced system that has been adopted in healthcare, to provide a more proportionate response according to the presenting need. The guide provides tools that detail the factors to consider in terms of the skill mix of the workforce as well as operational implications at each level of intervention.

Adaptations to address the needs of people living with dementia are largely related to the improvement of visual access to support independence in everyday activities e.g. use of increased lighting, tonal contrast, avoidance of materials that cause glare and reflection and highly contrasting patterned surfaces, carpets etc. The majority of these changes are non-structural, inexpensive and can be addressed with changes in interior decorations. People affected by dementia should be able to access support to implement these simple changes if required e.g. via home improvement agencies, Care and Repair, and local voluntary sector handypersons services.

Local authorities should ensure that adaptations such as, lighting, decoration and flooring can be easily procured through existing funding streams, as part of standard items in Integrated Community Equipment Stores, handypersons schemes and via Disabled Facilities Grants, where more substantial adaptations are required. Social care and health practitioners, trusted assessors, support workers, and housing staff should receive training on the preventative value of the options and solutions available, and be empowered to recommend and provide equipment and adaptations proactively, before the safety and independence of people affected by dementia has been compromised.

### **The role of innovative technology to improve the delivery of better care and support**

The NIHR study *Help at Home – Use of assistive technology for older people* (2018) makes a number of important observations of relevance to people affected by dementia.

The report notes that occupational therapists have a crucial role in assessing and adapting home environments and identifying person-centred technological solutions that are appropriate for individuals. Over recent years, funding for telecare services within local authorities has been drastically reduced meaning that occupational therapists are severely restricted in the technologically-enabled solutions that they are able to offer to individuals who are unable to self-fund. Within the NIHR report cost is noted as a significant barrier to accessing technology, both for private individuals and care providers.

At present the evidence base is inconclusive in identifying the cost-efficacy of technological health and care solutions and this is especially true when considering the care and support needs of people affected by dementia. Greater investment in research is needed to identify if and how technological solutions can improve the delivery of care and support for people in a cost-effective manner. Occupational therapists in North Somerset have demonstrated effective leadership in implementing and evaluating a range of technologically-enabled care and support solutions with multiple groups, including people affected by dementia (RCOT, 2020b). Occupational therapists are well-placed to conduct additional research and deliver projects in this area.

One of the studies carried out in North Somerset looked at the use of smart speakers to provide verbal prompts to remind care home residents to keep hydrated. This was well-received and found to be effective by project participants. The NIHR study notes that most research to date has focused on 'high end' technology, rather than evaluation of more basic devices. Future evaluation should consider how low-cost, mainstream technologies can be used to support those affected by dementia.

As noted earlier in regard to provision of physical environmental adaptations, statutory services can often be too reactive in their approach to meeting the needs of people affected by dementia. The NIHR report emphasises the need for technology to be provided at the right time in order to be effective. Again, this will be especially important for people with dementia, who may be receptive to developing skills in technology use in the earlier stages of their illness, but who may have difficulty learning new skills as their



dementia progresses.

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